

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

11300

CERTIFICATE OF DEATH

11308

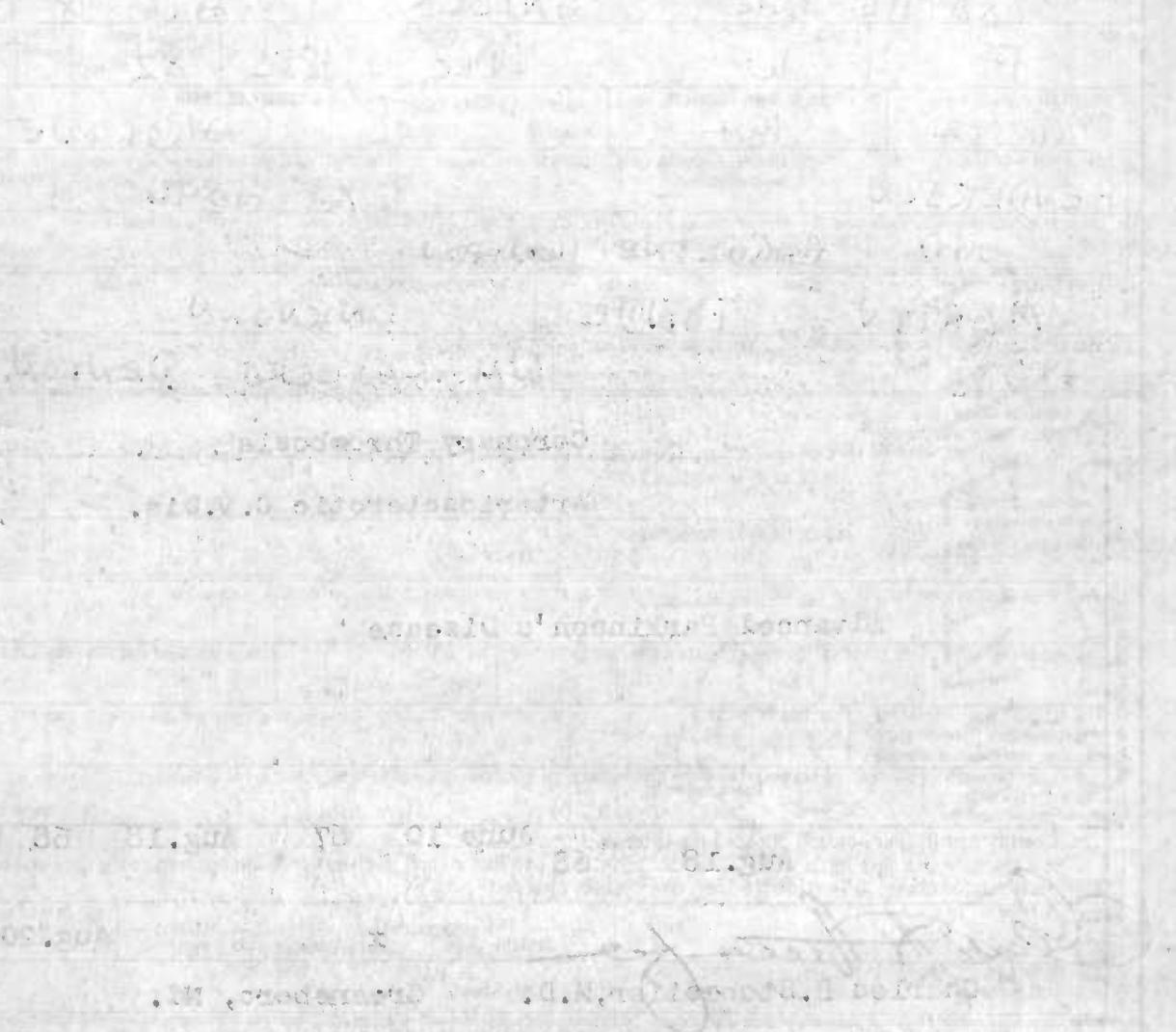
1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH		2b. HOUR				
KATHERINE				GNIECKO	Month	Day	Year				
3. SEX		4. RACE		S. DATE OF BIRTH	6. AGE (In years last(birthday))		IF UNDER 1 YEAR				
F		W		DEC. 4, 1885	82	YRS.	MONTHS	DAYS	HOURS	MIN	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH						
RUSSIA		1882		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	CAROLINE						
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired)			12b. KIND OF BUSINESS OR INDUSTRY			
HENDERSON					AT HOME						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER				
MD		CAROLINE		HENDERSON	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last		
MARTIN				PONDE	UNKNOWN						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address					
No				WM. GNIECKO,		DENTON, MD.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4109 Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) Arteriosclerotic C.V.Dis.											
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201 Advanced Parkinson's Disease											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from June 10, 1967, to Aug. 18, 1968, that (I) (we) last saw the deceased alive on Aug. 18, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											22c. DATE SIGNED Aug. 20, 1968
22b. SIGNATURE <i>Charles H. Stonesifer</i>		DEGREE		ATTENDING PHYS.		<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.				
22d. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.		22e. ADDRESS Greensboro, Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 21, 1968		23c. NAME OF CEMETERY OR CREMATORIAL DENTON		23d. LOCATION (City or Town) DENTON CAR.		(County) CAR.		(State) MD.	
24. FUNERAL DIRECTOR CHARLES MOORE		ADDRESS DENTON		25a. REC'D BY REGISTRAR DATE AUG 26 1968		25b. REGISTRAR'S SIGNATURE Charles Judge					

80322

THE TETRAHEDRON JOURNAL OF HOMOGENEOUS POLYMER POLYMERIZATIONS

Volume 30, Number 30

10/22/2002



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

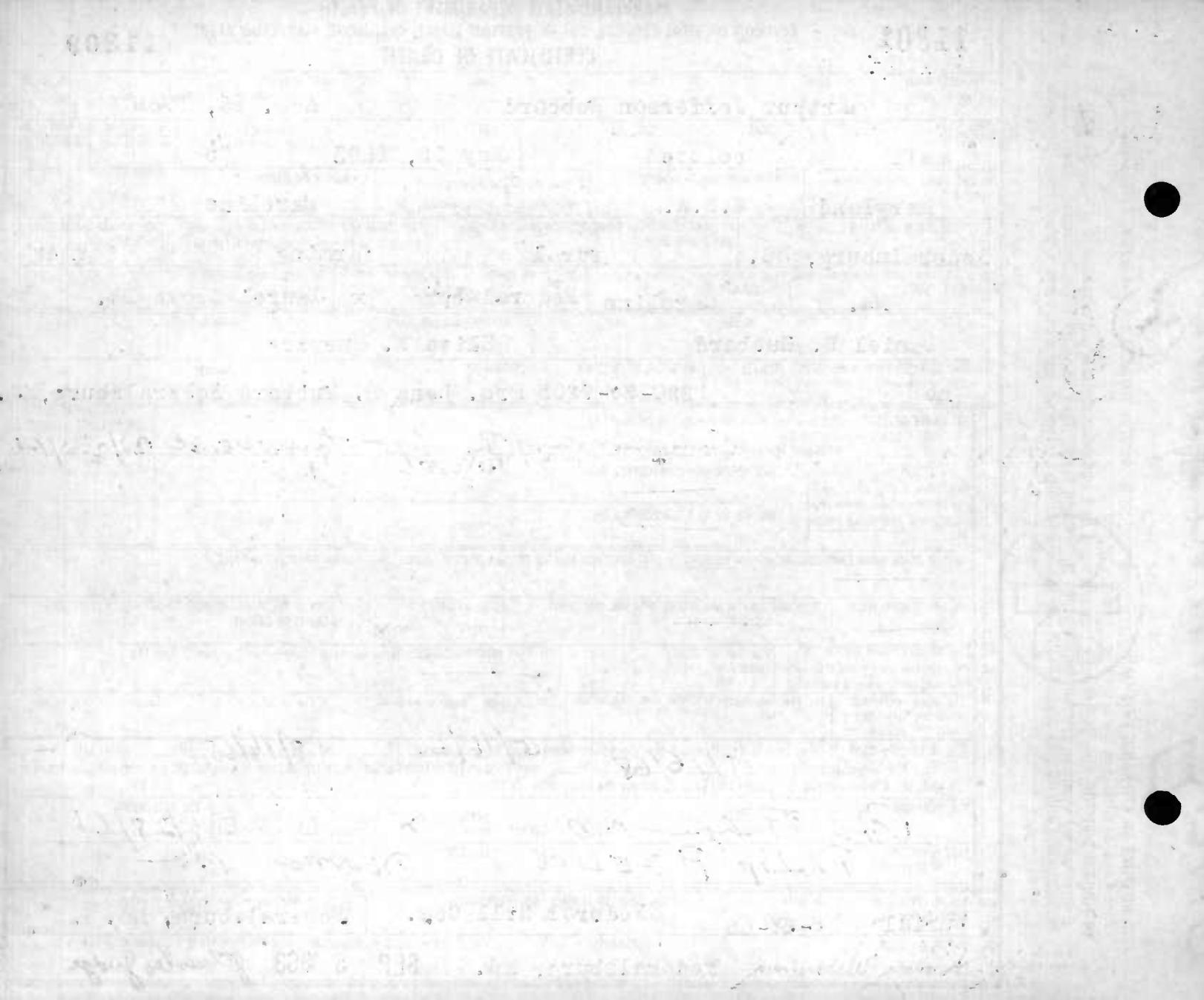
CERTIFICATE OF DEATH

11309

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR M
Arthur Jefferson Hubbard				Aug. 25, 1968	
3. SEX male	4. RACE colored	S. DATE OF BIRTH May 22, 1893	6. AGE (In years lost birthday) 75 yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 MRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Caroline	Md.	
10. CITY OR TOWN OF DEATH Federalsburg, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) rural	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) farming	12b. KIND OF BUSINESS OR INDUSTRY farmer		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Caroline	13c. CITY OR TOWN Federalsburg	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Laurel Grove Rd.	
14. FATHER'S NAME First Daniel H. Hubbard	Middle	Lost	15. MOTHER'S MAIDEN NAME First Eliza E. Murray	Middle	Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 220-34-9205	17. INFORMANT Mrs. Zena R. Hubbard	Address Federalsburg, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the left transverse colon APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1531 2 1/2 yrs					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____					
DUE TO, OR AS A CONSEQUENCE OF (c) _____					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 1531					
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from 5/16/68 , 19_____, to 8/16/68 , 19_____, that (I) (we) last saw the deceased alive on 8/16/68 , 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE Philip P. Felipe MD					
22d. PHYSICIAN'S NAME (Type) Philip P. Felipe		22e. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 8/28/68		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-31-68	23c. NAME OF CEMETERY OR CREMATORIAL Federal Hill Cem.	23d. LOCATION (City or Town) Federalsburg, Md.	(County) (State)
24. FUNERAL DIRECTOR Hanley Wisconsin		ADDRESS Federalsburg, Md.	25a. REC'D BY REGISTRAR SEP 5 1968	25b. REGISTRAR'S SIGNATURE Charles Judge	



~~FOR STATE
HEALTH DEPT.~~

any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5
may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

Items 5 & 6 Film #404 MARYLAND STATE DEPARTMENT OF HEALTH
9/5/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Items 21 & 22 Film #404 8/22/68

11310

MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
1. DECEASED NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF ESTI- DEATH MADE		Month	Doy	Year	2b. HOUR	
Clarence W. Johnson						<input checked="" type="checkbox"/>	8	17	1968	M		
3. SEX	4. RACE	S. DATE OF BIRTH	1908	6. AGE (In years last birthday)	60 64 YRS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	HOURS	MIN			
male	colored	3/26/04										
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED WIDOWED DIVORCED		9. COUNTY OF DEATH						
N. Carolina U.S.A.				<input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		Caroline						
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY			
Federalsburg, Md.			213 Smith St.			laborer						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER					
Md.			Caroline		Fedalsburg		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		same			
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last		
Willie Johnson						Perry Weatherspoon						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO. (If yes give war or dates of service)			17. INFORMANT			ADDRESS			
no			214-14-2871			Essie Mae Johnson			Federalsburg,			
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXI A 9100 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause } last 9298 (b) FRESH WATER DROWNING DUE TO, OR AS A CONSEQUENCE OF (c)												
MINUTES												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Blood Alcohol .24% Ethyl Alcohol												
19a. MEDICAL CERTIFICATION			19b. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?			
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8/17/68			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) went swimming in old gravel pit & dtwob						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Rosser Gravel Pit			21f. LOCATION Street or R.F.D. No. Pond			City or Town	County	State	
									Federalsburg	Maryland	Caroline	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Noturol causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>						CHIEF MEDICAL EXAMINER <input type="checkbox"/>						
ACTUAL SIGNATURE <i>Harold B. Flummer</i>						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 8/22/68			
EXAMINER'S NAME (Type)			Harold B. Flummer M.D.			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			ADDRESS (Street, city, town, or county) Preston Caroline			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 8/24/68			23c. NAME OF CEMETERY OR CREMATORIAL Federal Hill Cem.			23d. LOCATION (City or Town) Federalsburg, Md.		(County)	(State)
24. FUNERAL DIRECTOR			ADDRESS Williamson Funeral Home			25a. RECD BY REGISTRAR			25b. REGISTRAR'S SIGNATURE <i>Charles J. ...</i>			

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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1
11303 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Items 8 & 13 have been checked

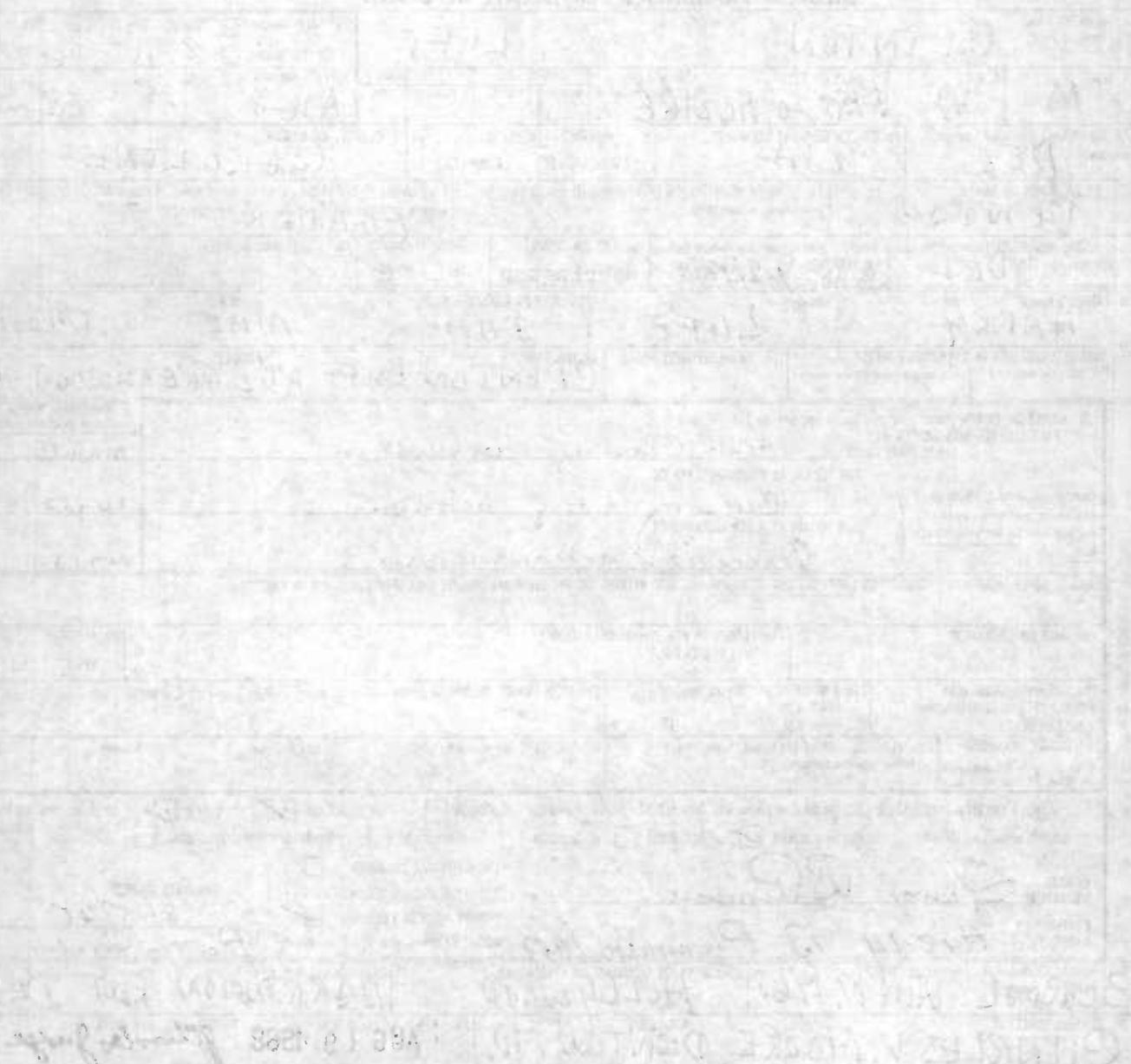
11311

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)	First CLINTON	Middle	Lost LUFF	2a. DATE KNOWN OF ESTI- DEATH MATED	Month 8	Day 15	Year 1968	2b. HOUR 1PM
3. SEX M	4. RACE W	5. DATE OF BIRTH FEB 20, 1902	6. AGE (in years last birthday) 66	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	HOURS	MIN.	
7a. BIRTHPLACE (State or foreign country) DEL.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH CAROLINE	2c. DATE PRONOUNCED DEAD Month AUG 8	Day 15	Year 1968	2d. HOUR 8PM	
10. CITY OR TOWN OF DEATH DENTON	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most recent life if retired.) FARMER	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE DEL	13b. COUNTY Kent	13c. CITY OR TOWN HARRINGTON	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER				
14. FATHER'S NAME First HARRY	Middle	Last LUFF	15. MOTHER'S MAIDEN NAME First IDA	Middle MAE	Last SMITH			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT CLINTON LUFF RD2 GREENWOOD, DEL.	ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF 4109 minutes						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Coronary artery Sclerosis 10715 (c) Generalized arteriosclerosis 10715								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.		City or Town	County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <i>Harold B. Plummer</i>		M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <i>Harold B. Plummer MD</i>		M.D.			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
		M.D.			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22b. DATE SIGNED 8/15/68 ADDRESS (Street, city, town, or county) <i>Brenton Cemetery</i>								
22c. BURIAL CREMATION, REMOVAL SPECIAL		22d. DATE AUG 17, 1968	22e. NAME OF CEMETERY OR CREMATORIAL HOLLYWOOD	22f. LOCATION (City or Town) HARRINGTON (County) KENT (State) DEL.				
24. FUNERAL DIRECTOR CHARLES V. MOORE DENTON MD.		ADDRESS	25a. RECD BY REGISTRAR DATE AUG 19 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				

11271

WILLIAM HENRY HARRIS
HARRY W. THOMAS LIBRARY



11271

Sgt. D. J. S.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

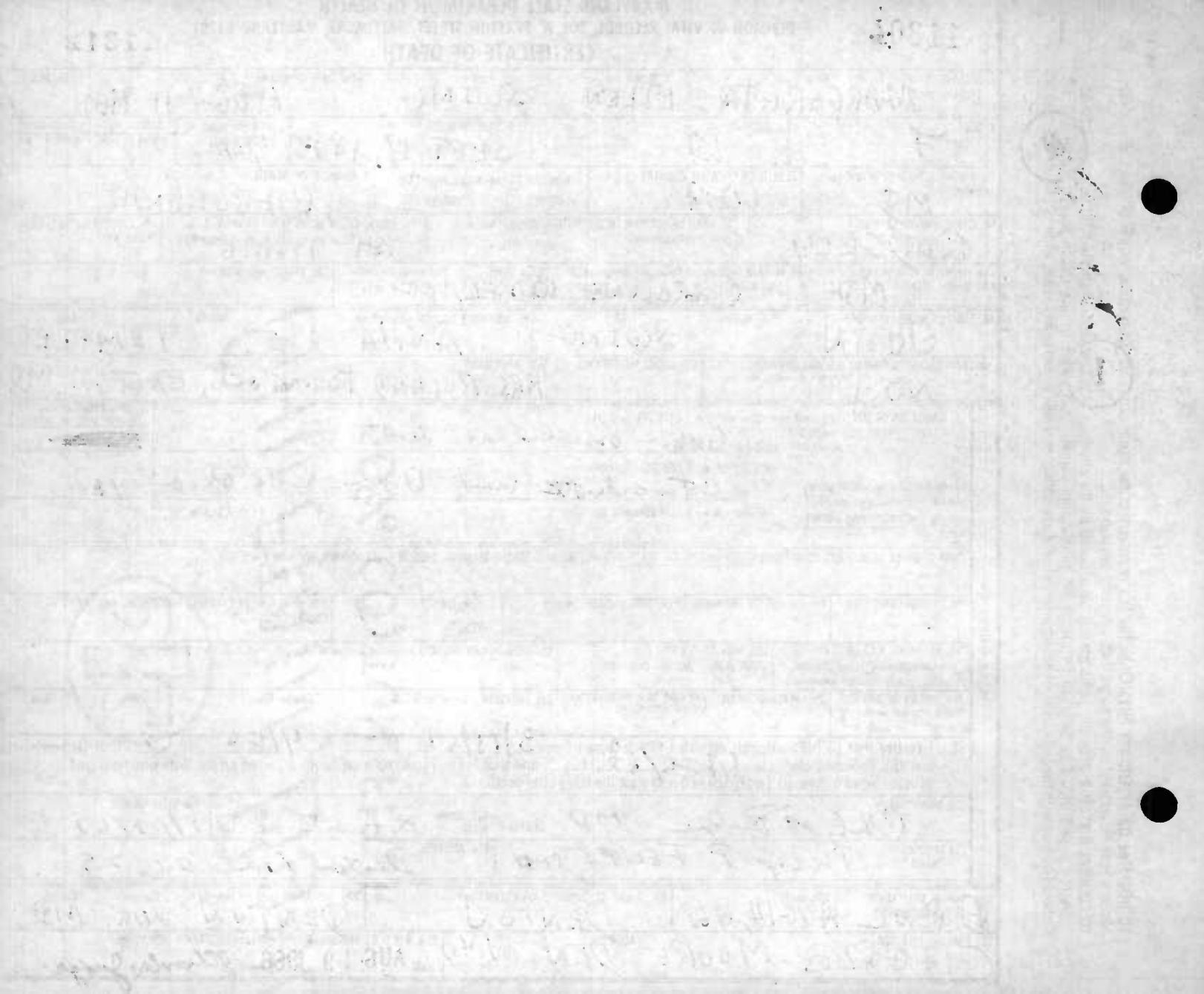
CERTIFICATE OF DEATH

11312

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED NAME (Type or print)	First MARGARETA	Middle ELLEN	Last SWING	2a. DATE OF DEATH Month AUG	2b. HOUR Doy 11 1968	
3. SEX F	4. RACE W	5. DATE OF BIRTH SEPT 17, 1893		6. AGE (In years last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) MD	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH CAROLINE			
10. CITY OR TOWN OF DEATH RIDGELEY	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) NOT WORKING	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD	13b. COUNTY CAROLINE	13c. CITY OR TOWN RIDGELEY	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER		
14. FATHER'S NAME First JOHN	Middle SWING	15. MOTHER'S MAIDEN NAME First ANNA	Middle B.	Lost TEMPLE		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16b. SOCIAL SECURITY NO.	17. INFORMANT MRS. ROLAND FOUNTAIN, DENTON, MD.	Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH [REDACTED]		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4129 [REDACTED]						
(b) Arteriosclerotic Heart Disease w/T 20 years DUE TO, OR AS A CONSEQUENCE OF (c) Fibronodulation						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4200						
19a. DATE OF OPERATION 4/20/68	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 3/15/68 , 19 68 , to 4/20 , 19 68 , that (I) (we) last saw the deceased alive on 4/20/68 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE Charles J. Judge MD		DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 8/13/68		
22d. PHYSICIAN'S NAME (Type) Philip P. Felipe MD		22e. ADDRESS Denton Md 21629				
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL AUG 14, 1968		23b. DATE AUG 14, 1968	23c. NAME OF CEMETERY OR CREMATORIAL DENTON	23d. LOCATION (City or Town) DENTON	(County) DR. M.	(State)
24. FUNERAL DIRECTOR CHARLES MOORE		ADDRESS DENTON MD	25a. REC'D BY REGISTRAR DATE AUG 19 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11313

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.**10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Albert Wienecke	Middle 	Lost 	2o. DATE OF DEATH 8-3-68 Month Doy Year	2b. HOUR M
3. SEX Male	4. RACE Cau.	S. DATE OF BIRTH 3-16-1887	6. AGE (In years lost birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Germany	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Caroline		
10. CITY OR TOWN OF DEATH Goldsboro	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Grocer	12b. KIND OF BUSINESS OR INDUSTRY Grocery		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Caroline	13c. CITY OR TOWN Goldsboro	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER None	
14. FATHER'S NAME First Unknown	Middle 	Lost 	15. MOTHER'S MAIDEN NAME First Unknown	Middle 	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. 217-36-0395	17. INFORMANT Mrs. Elizabeth Wienecke	Address: Goldsboro, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). (b) Arteriosclerotic Hypertensive DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. (c) Cardiovascular Disease					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4/201					
19a. MEDICAL CERTIFICATION DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from June 5, 1966 , to Aug. 3, 1968 , that (I) (we) last saw the deceased alive on Aug. 2, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Charles H. Stonesifer, M.D.</i>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED Aug. 5, 1968	
22d. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.	22e. ADDRESS Greensboro, Md. 21639				
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 8-7-68	23c. NAME OF CEMETERY OR CREMATORIAL Cedar Hill	23d. LOCATION (City or Town) Washington, D.C.	(County) 	(State)
24. FUNERAL DIRECTOR <i>John E. Boulard</i>	ADDRESS Greensboro, Md.	25a. REC'D BY REGISTRAR DATE AUG 9 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

